

EMPLOYEE HEALTH SAVINGS ACCOUNT (HSA)

Contribution Election Sheet

1. EMPLOYEE INFORMATION

Employee Full Name

Employee ID

Social Security Number (Last 4 Digits)

Date of Birth

2. HSA ELIGIBILITY & COVERAGE LEVEL

To be eligible for an HSA, you must be enrolled in a qualifying High Deductible Health Plan (HDHP).

- Individual Coverage (Self-only HDHP enrollment)
- Family Coverage (HDHP enrollment covering self plus spouse and/or dependents)

3. CONTRIBUTION & PAYROLL DEDUCTION ELECTION

Specify the pre-tax amount you wish to have withheld from your paychecks. Elections must comply with annual IRS limits.

Total Annual Election Amount (\$)

Number of Pay Periods Remaining in Year

Deduction Amount Per Pay Period (\$)

4. AUTHORIZATION & AGREEMENT

By signing below, I authorize my employer to reduce my gross salary by the amount specified above for pre-tax contribution to my Health Savings Account (HSA). I certify that I am enrolled in a qualifying High Deductible Health Plan (HDHP), am not covered by any other non-qualifying health plan (including a general-purpose Flexible Spending Account), am not enrolled in Medicare, and cannot be claimed as a dependent on another individual's tax return. I understand that I am responsible for managing my annual contributions within IRS maximum statutory limits.

Employee Signature

Date

5. PAYROLL DEPARTMENT USE ONLY

Date Received		Effective Pay Period Date	
Processed By		Signature	